

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37835
Registrar's No. 345

Registration District No. 10007

Primary Registration District No. 2007

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town TOPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 YEARS (Specify whether years, months or days)
In this community 65 YEARS

3. (a) PRINT FULL NAME

ADA SISK

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased JUNE 20 1878
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

65

5

1

hr. min.

9. Birthplace

MENDRICKSON
(City, town, or county)

MO
(State or foreign country)

10. Usual occupation

HOUSEWIFE

11. Industry or business

12. Name VIRGIL DALTON

13. Birthplace CHARLESTON
(City, town, or county)

MO
(State or foreign country)

14. Maiden name ELIZABETH COLEMAN

MO
(State or foreign country)

16. (c) Informant Harry Davidson

(b) Address 417 Victor St. Poplar Bluff Mo

17. (a) BURIAL
(Burial, cremation, or removal)

(b) Date thereof NOV 24 1943
(Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN CEM.

18. (a) Signature of funeral director W. Phelps

(b) Address Poplar Bluff Mo

19. (a) 12-4-43
(Date received local registrar)

(b) Belle Kinnel
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER
(c) City or town TOPLAR BLUFF
(If outside city or town limits, write "RURAL")
(d) Street No. 207 VICTOR ST
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 21
year 1943 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Nov 16 1943 to Nov 21 1943
that I last saw her alive on Nov 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Broncho Pneumonia 2 days
acute Indigestion 6 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work

(Specify type of place)

(e) Means of injury

23. Signature J. S. Searns (M. D. or other)

Address Poplar Bluff Mo signed 11/27/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2.

District File Number 1243-154

Date Filed 12-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

W. T. Phelps

Licensed Embalmer No. 3132

P. O. Address

Caplar Bluff Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.